Application or Docket Number

PATENT APPLICATION FEE DETERMINATION RECORD

Effective December 29, 1999

| CLAIMS AS FILED - PART I | | | | | | | | | SMALL | ENTITY | | OTHER | THAN |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------|------------|--------------------------------|------------------|-----------|---------------------------------------|------------------|------|---------------------|------------------------|-------------|---------------------|------------------------|
| <u> </u> | | | (Column 1) | | | (Column 2) | | | TYPE | | OR | SMALL | |
| FOR | | | NUMBER FILED | | | NUMBER EXTRA | | | RATE | FEE | 7 | RATE | FEE |
| BASIC FEE | | | | | | | | | 7 7 | 345.00 | OR | | 690.00 |
| TOTAL CLAIMS | | | | U minus | 20= • | | | | X\$ 9= | | OR | X\$18= | |
| INC | EPENDENT C | LAIMS | minus 3 = * | | | | | | X39= | | OR | X78= | |
| MULTIPLE DEPENDENT CLAIM PRESENT | | | | | | | | | +130= | | 1 | +260= | |
| * If the difference in column 1 is less than zero, enter "0" in column 2 | | | | | | | | | TOTAL | | OR OR | TOTAL | 1.41 |
| CLAIMS AS AMENDED - PART II | | | | | | | | | IOIAL | <u></u> | J OH | OTHER | THAN |
| | (Column 1) (Column 2) (Column 3) | | | | | | | | | ENTITY | OR | SMALL | |
| AMENDMENT A | | REM. | AINING TER DMENT | | PRE | GHEST UMBER EVIOUSLY AID FOR | PRESENT EXTRA | | RATE | ADDI- TIONAL FEE | | RATE | ADDI- TIONAL FEE |
| | Total | | | Minus | ** | | = . | | X\$ 9= | | OR | X\$18= | * |
| AME | Independent | * | N OF M | Minus | PENIDE | NIT CLAIM | = | | X39= | | OR | X78= | |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM | | | | | | | | | +130= | | OR | +260= | |
| | | | | | | | | | TOTAL ADDIT. FEE | | اما | TOTAL | |
| | | (Colu | mn 1) | | (Co | lumn 2) | (Column 3) | , | ODII. FEE | | | ADDIT. FEE | |
| AMENDMENT B | | REM/ AF | AIMS AINING TER DMENT | | PRE | GHEST JMBER VIOUSLY ID FOR | PRESENT EXTRA | | RATE | ADDI- TIONAL FEE | | RATE | ADDI- TIONAL FEE |
| | Total | * | | Minus | ** | | = | | X\$ 9= | | OR | X\$18= | |
| | Independent | · | | Minus | *** | | = 1 | | X39= | | OR | X78= | |
| | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM | | | | | | | H | +130= | | | | |
| | | | | | | | | | | | OR | +260= | |
| | | | | | | | | Α | TOTAL DDIT. FEE | | OR | TOTAL ADDIT. FEE | |
| . [| | (Colu | | (Column 3) | _ | | | | | | | | |
| AMENDMENT C | | | INING TER | | NI PRE | GHEST JMBER VIOUSLY ID FOR | PRESENT EXTRA | | RATE | ADDI- TIONAL FEE | | RATE | ADDI- TIONAL FEE |
| | Total | | | Minus | ** | | = | | X\$ 9= | | OR | X\$18= | |
| MA | Independent | * | 10514 | Minus | *** | | = | | X39= | | OR | X78= | |
| THE STATE OF THE PLAN ENDERLY OF THE | | | | | | | | | | | | | , |
| * If the entry in column 1 is less than the entry in column 2, write "0" in column 3. | | | | | | | | | | | OR | +260= | |
| ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1. | | | | | | | | | | | | | |
| ı | ne ⁻Highest Num | iber Previ | ously Pai | d For" (Total or | Indepe | ndent) is the | highest number | foun | d in the app | ropriate box | in colu | ımn 1. | |